

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 164

Primary Registration District No. 3032

Registrar's No. 171

63-044544
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED DEC 12 1963

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Warrensburg</u>		c. CITY OR TOWN <u>Warrensburg</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If outside corporate limits, give TOWNSHIP only) HOSPITAL OR INSTITUTION <u>Johnson County Memorial Hospital</u>		d. STREET ADDRESS <u>205 Hillcrest Dr.</u> (If outside, give location) Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Florence</u> Middle <u>Murphy</u> Last <u>Murphy</u>		4. DATE OF DEATH Month <u>December</u> Day <u>9</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-3-82</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and state or country) <u>Bloomington, Illinois</u>
13a. FATHER'S NAME <u>Stephen Cruse</u>		13b. MOTHER'S MAIDEN NAME <u>Jennie Thompkins</u>	14. NAME OF HUSBAND OR WIFE <u>Frank Murphy, Deceased</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u></u>	
17. INFORMANT <u>Mrs. Anna Morley, Warrensburg, Mo.</u>		Address <u></u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Branching Pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. (b) <u>Generalized Arteriosclerosis</u> (c) <u>Atrophic Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days -</u> <u>5 years</u> <u>15 years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u></u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u></u>	
20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>		20f. CITY, TOWN, OR LOCATION <u>Warrensburg, Missouri</u> COUNTY <u></u> STATE <u></u>	
21. I attended the deceased from <u>Nov. 8, 45</u> to <u>12-9-63</u> and last saw her live on <u>12-9-1963</u> Death occurred at <u>3:00 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u> 22b. ADDRESS <u>Warrensburg, Missouri</u> 22c. DATE SIGNED <u>9-10-63</u> (State) <u></u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec. 12, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill</u>	23d. LOCATION (City, town, or county) <u>Warrensburg, Missouri</u>
24. FUNERAL DIRECTOR <u>Sweeney-Phillips Warrensburg, Mo.</u> ADDRESS <u></u>		25. DATE RECD. BY LOCAL REG. <u>Dec. 11, 1963</u> 26. REGISTRAR'S SIGNATURE <u>Savannah Chutehfield</u>	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. Earl Rust

Licensed Embalmer No. 3878

P. O. Address Warrensburg mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.